

DEPARTMENT OF PUBLIC HEALTH, COUNTY OF SAN LUIS OBISPO
PLAN CHECK APPLICATION / FOOD FACILITY
2156 Sierra Way P.O. Box 1489, San Luis Obispo, CA 93406
(805) 781-5544

APPLICATION DATE _____

ESTABLISHMENT NAME (DBA) _____

ESTABLISHMENT'S PRIOR NAME _____

ESTABLISHMENT LOCATION _____

SIZE OF ESTABLISHMENT _____^{Street} TOTAL SQ. FEET (excluding dining and office space).^{City}

NAME OF OWNER(S) _____

MAILING ADDRESS OF OWNER(S) _____
_____^{Street} _____^{City}

PHONE NUMBER OF OWNER(S) _____

NAME OF CONTACT PERSON OR ARCHITECT/CONTRACTOR _____

MAILING ADDRESS OF
ARCHITECT/CONTRACTOR _____

PHONE NO. _____

IF OUTSIDE CITY LIMITS:

SOURCE OF WATER: _____ WELL _____ NAME OF WATER COMPANY

WASTE WATER DISPOSAL: _____ SEPTIC TANK _____ SEWER SYSTEM

APPROXIMATE COMPLETION DATE _____ (pending approval of plans *)

* **HEALTH DEPARTMENT APPROVAL WILL EXPIRE IN ONE YEAR IF CONSTRUCTION WORK
HAS NOT BEGUN BY THAT TIME.**

FOR DEPARTMENT USE ONLY

COMPUTER # _____

WATER SOURCE X-CONNECTION

DATE PLANS WERE RECEIVED _____ INITIALS _____

DATE PLANS WERE APPROVED _____ INITIALS _____

FEE \$ _____ CHECK# _____ CASH _____ DATE _____